

INITIAL FAMILY SERVICE PLAN
(give resident a copy upon admission)

FAMILY NAME: _____ DATE: _____

RECOVERY:

GOAL: Develop and enhance understanding of basic recovery concepts.

1. Engage in recovery work on a daily basis by attending required meetings and completing assignments. Read the Big Book each day!
2. Obtain a sponsor or temporary sponsor within first four weeks of the program. Maintain consistent contact with sponsor by telephone and through meeting face to face on a weekly basis.
3. Build relationships with other women within the recovery community by introducing yourself to at least two new people per week. Ask for and use their phone numbers.
4. Work with your individual counselor/case manager and sponsor to understand the twelve steps. Bring questions to one to one counseling sessions.
5. REMAIN DRUG FREE ONE DAY AT A TIME!
6. For residents who smoke, participate in TOBACCO ASSESSMENT QUESTIONNAIRE THAT LEADS TO REFERRAL, IF DESIRED.

7. _____

PARENTING:

GOAL: Increase basic parenting skills and enhance parent-child relationship(s).

1. Participate in weekly parenting group and complete all assignments.
2. Meet with Child Advocate to develop initial parenting goals and objectives, after the Child Advocate has had the opportunity to observe parent/child interaction.
3. Develop a daily schedule that provides structure and safety for your child. Use this schedule consistently and review with Child Advocate.
4. Actively participate in "Playtime" daily and report to staff.
5. Schedule individual time with each child on a weekly basis.
6. Complete "child enrichment course" within the first month of residence at the program.
7. Obtain and secure appropriate services for children including medical needs, Early Intervention, educational and therapeutic services and recreational activities.

8. _____



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LIFE SKILLS:

GOAL: Develop and enhance understanding of skills essential to independent living.

1. Work with individual counselor/case manager to develop financial management skills. Develop a realistic budget that outlines financial goals, savings issues, outstanding debt repayment, and weekly expenses.
2. Attend and actively participate in groups that will increase your knowledge and understanding of basic health and safety issues for you and your children.
3. Work with individual counselor/case manager around the development of realistic educational/vocational goals that meet program requirements as well as assist in the transition to independent living or participate in an affiliated educational/vocational program.

4. _____

PERSONAL GROWTH:

GOAL: Develop and enhance ability to identify and express feelings.

1. Keep a daily journal of uncensored thought and feelings. Share with individual counselor/case manager and/or therapist to assist with the identification of feelings.

2. _____

GOAL: Develop and enhance ability to prioritize personal needs and time for self.

1. Schedule personal time each week. Plan activities that you find nurturing. Review with individual counselor/case manager.
2. Make a collage of things you like, find interesting, and that describe yourself. Use this as a way to identify personal likes and dislikes.

3. _____

Resident Signature:

_____ Date _____

Individual Counselor/Case Manager Signature:

_____ Date _____

Program Director/Child Service Coordinator Signature:

_____ Date _____



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BUDGET AGREEMENT (optional)

Your participation at this program will include the development of a realistic budget. This budget will include savings and payment of outstanding bills: electric, gas, telephone, and rent. Savings are an important part of being financially responsible now that you are in recovery. Your ability and commitment to save money and repay outstanding debt will be monitored by your family case manager and will effect your movement from one phase to another. Budget plans must be presented at each phase review meeting.

I _____ agree to the following budget plan:

Monthly Income: _____ Source _____

Monthly Expenses

Diapers _____ Personal Needs _____ Pay Phone _____

Clothes _____ Transportation _____ Family Activity _____

Detergent _____ Miscellaneous _____ Savings _____

Past Due

Rent _____ Payment _____ Date _____

Gas _____ Payment _____ Date _____

Electric _____ Payment _____ Date _____

Telephone _____ Payment _____ Date _____

Court _____ Payment _____ Date _____

Other _____ Payment _____ Date _____

Resident Signature

Date

Family Case Manager Signature

Date



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